

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
EMPLOYMENT RELATIONS COMMISSION
MEDIATION DIVISION

GRIEVANCE MEDIATION REQUEST

INSTRUCTIONS: Submit this form to request Mediation of a Grievance(s) in accordance with P. A. 176 of 1939, P.A. 335 of 1947, P.A. 379 of 1965, and/or Federal Law.

1. Name and Address of Employer: Phone No.

Name and title of person to communicate with: Phone No.

Address (If different from above)

County:

2. Name and Address of Labor Organization Phone No.

Name and title of person to communicate with: Phone No.

Address (If different from above)

3. Name of Grievant and/or brief description of Grievance:

4. Is Mediation part of the Contractual Grievance Process?

5. Status of negotiations if applicable:

6. Name, Title and Address of person filing this notice: Phone No.

Signature of person

Date

INTERNET